



Insurance Premium Financing

## AUTHORIZATION AGREEMENT FOR DIRECT WITHDRAWALS (ACH Debits)

Company Name			-
Contract/Account # (if kno	wn)		
I (we) hereby authorize <u>NIC I</u> "NIC", to initiate debit and, if indicated below. Please refe payments due on your accou	rence your finance agreement for your	nvestors Company, INC hereon ents for any debit entries in error to the account specific due dates and the number of	
Name on Account			
Routing Number			
Account Number			
( <mark>Select One or Both</mark> )	Automatic Payments	Down Payment (DONT S Paying to Insurance Agent)	elect if Paid or
	ermination, in such time, and in such m	itten notification from the Company or individua nanner, as to afford NIC and listed Financial	
Name(s)(Plea	se Print)	_ Date	
Signature			
Contact Phone #:	Email Ad	ddress:	
<b></b>			
	ere (do <u>not</u> use a deposit slip) OR prmation to verify the routing and a	upload a picture or screenshot of the account information above	